

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) PO BOX 1131

Check if different than previously reported. (ACC) ANDERSON IN 46015

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00383927

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steve Ford

Signature of Treasurer Electronically Filed by Steve Ford Date 04 13 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		5477.63
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	5477.63									
(c) Total Receipts (from Line 19) .....	11979.50	11979.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	17457.13	17457.13								
7. Total Disbursements (from Line 31) .....	13232.69	13232.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4224.44	4224.44								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6750.00	6750.00
(i) Itemized (use Schedule A) .....	225.00	225.00
(ii) Unitemized .....	6975.00	6975.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	11975.00	11975.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4.50	4.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11979.50	11979.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11979.50	11979.50

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12232.69	12232.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12232.69	12232.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13232.69	13232.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13232.69	13232.69

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11975.00	11975.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11975.00	11975.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12232.69	12232.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12232.69	12232.69

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Paul Behrends

Mailing Address 163 Peyton Rd.

City State Zip Code  
Potomac Falls VA 20165

FEC ID number of contributing federal political committee. **C**

Name of Employer ASG Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2006

Transaction ID: SA11A1.5071

Amount of Each Receipt this Period  
1000.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Carolyn Charlton

Mailing Address 1170 Pintail Ct.

City State Zip Code  
Columbus IN 47201

FEC ID number of contributing federal political committee. **C**

Name of Employer Cornerstone Dev. Co. LLC Occupation Real Estate Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2006

Transaction ID: SA11A1.5059

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Stuart Epperson

Mailing Address 3780 Will Scarlett Rd.

City State Zip Code  
Winston Salem NC 27104

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Broadcasting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2006

Transaction ID: SA11A1.5061

Amount of Each Receipt this Period  
500.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Erik Prince</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 1650 Tysons Boulevard		<b>Transaction ID: SA11A1.5063</b>	
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer Prince Group	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Joanna Ruth Prince</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 1106 Mill Ridge Rd.		<b>Transaction ID: SA11A1.5073</b>	
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Joseph Schmitz</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 5502 Parkston Rd.		<b>Transaction ID: SA11A1.5067</b>	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer Blackwater USA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mollie Schmitz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 5502 Parkston Rd.		Transaction ID: SA11A1.5069	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer homemaker	Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Taylor		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 212 D Oak Lake Run Crescent		Transaction ID: SA11A1.5075	
City State Zip Code Chesapeake VA 23320	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer Express Solutions Intl In- c.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	6750.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 14
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Mailing Address **175 E. Houston Street**  
**Room 7-A-50**

City **San Antonio** State **TX** Zip Code **78205**

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	6

**Transaction ID: SA11C.5053**

Amount of Each Receipt this Period  

<b>5000.00</b>
----------------

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5000.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. A.B. LLC</b>		<b>Transaction ID: SB21B.5080</b>	
Mailing Address 21 West Eighth Street		Date of Disbursement MM / DD / YYYY 01 / 03 / 2006	
City Anderson	State IN	Zip Code 46016	Amount of Each Disbursement this Period 1050.00
Purpose of Disbursement OFFICE RENT		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. A.B. LLC</b>		<b>Transaction ID: SB21B.5079</b>	
Mailing Address 21 West Eighth Street		Date of Disbursement MM / DD / YYYY 01 / 13 / 2006	
City Anderson	State IN	Zip Code 46016	Amount of Each Disbursement this Period 1050.00
Purpose of Disbursement OFFICE RENT		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll</b>		<b>Transaction ID: SB21B.5092</b>	
Mailing Address 2905 E. 46th St		Date of Disbursement MM / DD / YYYY 01 / 23 / 2006	
City Indianapolis	State IN	Zip Code 46205	Amount of Each Disbursement this Period 2156.78
Purpose of Disbursement Payroll Taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4256.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll</b>		<b>Transaction ID:</b> SB21B.5093
Mailing Address 2905 E. 46th St		Date of Disbursement 01 / 23 / 2006
City Indianapolis	State IN	Zip Code 46205
Purpose of Disbursement Payroll Taxes	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 286.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll</b>		<b>Transaction ID:</b> SB21B.5094
Mailing Address 2905 E. 46th St		Date of Disbursement 01 / 27 / 2006
City Indianapolis	State IN	Zip Code 46205
Purpose of Disbursement Payroll Service	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 12.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ron Arnold</b>		<b>Transaction ID:</b> SB21B.5081
Mailing Address 3709 Tulip Street		Date of Disbursement 01 / 11 / 2006
City Anderson	State IN	Zip Code 46011
Purpose of Disbursement PAYROLL	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 4200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4498.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ron Arnold</b>		<b>Transaction ID: SB21B.5084</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 3709 Tulip Street		Amount of Each Disbursement this Period 3000.00	
City Anderson State IN Zip Code 46011	Purpose of Disbursement PAYROLL	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. SBC</b>		<b>Transaction ID: SB21B.5089</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 220 N. Meridian Street		Amount of Each Disbursement this Period 136.80	
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. SBC</b>		<b>Transaction ID: SB21B.5088</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6	
Mailing Address 220 N. Meridian Street		Amount of Each Disbursement this Period 136.77	
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3273.57</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>12029.34</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF MIKE SODREL**

**Transaction ID: SB23.5083**

Date of Disbursement

Mailing Address 702 NORTH SHORE DRIVE SUITE 500

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	6

City State Zip Code  
JEFFERSONVILLE IN 47130

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

011  
Category/  
Type

Candidate Name  
MICHAEL E SODREL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1000.00
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**TOTAL** This Period (last page this line number only) ..... ►

1000.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 / 14	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker & Associates	Nature of Debt (Purpose): FEC Consulting
Mailing Address 228 South Washington Street Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10.4685</b>	
64.56		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	64.56	0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	0.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	